-62-048221 MISSOURI DIVISION OF HEALTH -- STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE 318 Primary Registration District No. 1003 Registrar's No.12071 STATE FILE NUMBER DO NOT WRITE ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1. PLACE OF DEATH a. STATE MO a. COUNTY VS 300 **b.** COUNTY admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits 50 YRS ST. LOUIS ST. LOUIS MISSOURI TÖWN Yes 17 No 🗆 c. FULL NAME OF (IT NOT IN BRIDGE THOSPITAL OR BARNES HOSPITAL d. STREET (If cutside, give location) Reside on Farm 4221 BLAIR AVE Yes PY No I INSTITUTION Yes 🔃 No 🖸 3. NAME OF DECEASED First Middle 4. DATE Day Year 3 (Type or print) 14 62 12 Thomas E. Burton DEATH 0 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married [] Never Married [7] 8. DATE OF BIRTH Divorced | D 10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) ASSOCIATED RETAILERS WICHITA FALLS, TEXAS CREDIT MANAGER 136. MOTHER'S MAIDEN NAME 13a. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE 7 조 NEVER MARRIED WILLIS H. BURTON MAMIE HUNT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT S (Yes, no, or unknown) {(If yes, give war or dates of service JAMES BURTON 4221 BLAIR AVE ARE 18. CAUSE OF DEATH (Enter only one cause per line 1 DOCUMENT PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 Hemangioblastoma of the brain IMMEDIATE CAUSE (a) 1 vear 11 ۵ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was disease condition given in PART I (a) there a pregnancy in last 90 days. ဟ ☐ Yes ☐ No □ Unknown **AMENDMENT** 20a, ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? YES X NO 20c. TIME OF Month, Day, Year Hour RIBBON INJURY a.m. p.m. USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED COUNTY STATE farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK OR TYPEWRITER READ 12/10/62 12/14/62 21. I attended the deceased from 8.45 p.m. _m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at-SHOULD 22b. ADDRESS (Degree or title) 22c. DATE SIGNED BARNES HOSPITAL F. R. Bradley, M.D. 12/15/62 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 73b. DATE 23d. LOCATION (City, town, or county) (State) AFFIDA ģ REMOVAL (Specify) DEC. 17. 1962 MEMORIAL PARK CEM ST. LOUIS, CO EMOVAL 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ITEM 24. FUNERAL DIRECTOR ner 17 Uldmesen & Stora 3934 N. 205T

SUEDHEYER

FILED DECS 1 1952

STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
working under my personal supervision.		OSK-B WILL
Student		Signed Manley T. I Vigor
Signature of Stud	dent Embalmer	Licensed Embalmer No.
•	(P. O. Address

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.